



Town of Moultonborough
Office of Finance & Personnel
6 Holland Street - PO Box 139
Moultonborough, NH 03254
Phone (603) 476-2347 * Fax (603) 476-5835

Leave Request Form

Employee: _____

Department: _____

Supervisor: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours	Reason Code
Week 1									
Week 2									
Week 3									
Week 4									
Week 5									

Please enter in the dates on the Calendar.

Reason Codes:

AL – Absent Leave

AP – Administrative Leave Paid

AU - Administrative Leave Unpaid

FMLA – Family Medical Leave

MS – Military Services

WD – Witness Duty

B - Bereavement

JD – Jury Duty

Employee Signature_____

Date_____

Department Head Signature_____

Date_____

Please submit to the Office of Finance & Personnel for record keeping purposes.

Revised 6/8/15